

**REQUEST FOR A SPECIFIC LICENSE TO VISIT AN IMMEDIATE FAMILY MEMBER  
in Cuba who is a National of Cuba once in a three year period  
31 C.F.R. §515.561(a)**

Date of Last Family Visit to Cuba under the former General License \_\_\_\_\_ (DD/MM/YYYY)  
Date of Issuance of Last OFAC Specific License for Family Visit \_\_\_\_\_ (DD/MM/YYYY)  
Date of Emigration from Cuba \_\_\_\_\_ (DD/MM/YYYY)

**APPLICANT INFORMATION**

Last Name (Patronymic) \_\_\_\_\_ Last Name (Matronymic) \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Last Name by Marriage \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Apt No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_  
Document Type \_\_\_\_\_ Document Number \_\_\_\_\_ Country of Issuance \_\_\_\_\_

Note: If the applicant has a US passport or other US-issued immigration identification, that information must be submitted. If not, then provide your immigration identification document issued by another country.

**The Person You Wish to Visit in Cuba**

Relationship to Applicant \_\_\_\_\_  
Last Name (Patronymic) \_\_\_\_\_ Last Name (Matronymic) \_\_\_\_\_  
First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name by Marriage \_\_\_\_\_  
Cuban Identification (Cedula ) No. \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_

**Service Provider Information**

Check here if the Traveler is Represented by a Service Provider ..... ☐

Name of Service Provider \_\_\_\_\_  
Name of Service Provider Employee \_\_\_\_\_  
Street Address \_\_\_\_\_ Suite No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone No. \_\_\_\_\_

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**WARNING:** Transactions relating to travel, trade, and financial dealings with Cuba are restricted under the Cuban Assets Control Regulations, 31 C.F.R. Part 515, the Reporting and Procedures Regulations, 31 C.F.R. Part 501, and the Trading With the Enemy Act, 50 USC App. Section 5(b). 18 USC 1001 provides for up to 5 years imprisonment and a US\$10,000 fine for falsification or misrepresentation of the facts requested in this form and any other information submitted to OFAC. You are reminded that it is illegal to make use of charge cards during your stay in Cuba. Please be advised that each authorized traveler may carry only \$300 of quarterly remittances to Cuba and may not return with any merchandise acquired in Cuba other than exempt informational materials.

**SIGN BELOW:** I have read the above statements and all of the information I have provided above is true and accurate:

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE (DD/MM/YYYY)

This application should be mailed to the following address:

Office of Foreign Assets Control  
U.S. Department of the Treasury  
P.O. Box 229008  
Miami FL 33122-9008